



Directions: Please complete and sign this application or go to www.wsdot.gov/goodtogo for an online application.

| 1. *Personal Information | | | | | | *Indicates required fields |
|---|-------|---|---------------|------------|--|----------------------------|
| *Last Name: | | | *First Name: | | | Middle Initial: |
| Company/Agency Name: | | State Agency Code: (4 digits) | | Job Title: | | |
| *Mailing Address: | | | | *City: | *State: | *Zip Code: |
| Shipping Address (If different than Mailing Address): | | | | *City: | *State: | *Zip Code: |
| *Daytime Phone: | | Evening Phone: | | | *Email Address: | |
| Alternate Contact: | | Daytime Phone: | | | Email Address: | |
| 2. *Account Selection | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Registered Pass Account <input type="checkbox"/> Commercial Account** <input type="checkbox"/> Government/Transit Pass Account</div><div><input type="checkbox"/> Pay By Plate Account** <input type="checkbox"/> Short-Term Account** **Accounts and vehicles that do not have Passes (or vehicles that use a License Plate Pass) <u>are not valid for use in the SR 167 HOT Lanes, and may include an additional fee for each transaction.</u></div></div> | | | | | | |
| *Account Statement Delivery Method: <input type="checkbox"/> E-Mail <input type="checkbox"/> USPS <input type="checkbox"/> No Delivery Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly There is no charge for Account statements received via E-mailed or viewed online at www.wsdot.gov/goodtogo . Fees apply for statements mailed via U.S. Postal Service (See Terms and Conditions). | | | | | | |
| 3. Good To Go! Pass Information | | | | | | |
| The cost of the Pass is not included in the opening balance and will be charged when the account is established. The cost (excluding sales tax) and descriptions of the Passes and other retail items are: | | | | | | |
| <u>\$5 Sticker Pass</u> (permanent internal mount) | | <u>\$8 Moveable Pass</u> (internal mount adheres with Velcro) | | | <u>\$8 Motorcycle Pass</u> (permanent external headlamp mount) | |
| <u>\$12 License Plate Pass</u> (screw mount-not valid on SR 167 HOT Lanes) | | <u>\$12 Switchable Pass</u> (HOV/carpool internal mount adheres with Velcro) | | | The cost of the <i>Good To Go!</i> Passes are subject to change. Please refer to the Terms and Conditions for details. | |
| 4. *Vehicle Information | | | | | | |
| Please list all of the vehicles that will be associated with this account. Please indicate the type of Pass needed for the vehicle, if necessary. Please attach a separate sheet listing additional vehicles if necessary. Note: For specialized license plates, be sure to record all letters and numbers on the plate. (Ex. University of Washington plate is entered as "W12345"; the Gonzaga plate is entered as "GU12345"; and the Square Dancing is entered as "12345SD".) | | | | | | |
| License Plate | State | Vehicle Make | Vehicle Model | Year | To Order a Pass/Retail Item, Fill in the Product Name | Qty |
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| Please complete application on reverse side | | | | | | |

5. *Account Opening Pre-Paid Balance, Replenishment Information and Amounts

Please select your Opening Pre-paid balance and Replenishment Level.

A minimum of \$30 is required. The cost of Passes, Retail items and sales tax are in addition to the pre-paid balance. Please ensure that your payment is sufficient to cover the cost of your Passes plus applicable sales tax. The cost of your Passes and the applicable sales tax will be deducted from your *Good To Go!* account at the time your order is fulfilled.

☐ \$30 or ☐ \$ _____ (Other amount greater than \$30)

The Low Balance amount is automatically set to \$8. To increase your Low Balance amount please enter the new amount desired

☐ \$ _____ (Amount greater than \$8.)

6. *Replenishment Method

☐ Option 1

Automatic Replenishment by Credit Card or Electronic Check (ACH) gives *Good To Go!* the authorization to charge your credit or bank account when your prepaid balance falls below the Low Balance amount. You may increase the amount if more toll usage is anticipated. If this option is selected, you **must** supply credit or bank information; Electronic Check (ACH) customers must also complete the supplemental Electronic Check (ACH) Authorization Form, which can be obtained online or from the Customer Service Center.

Note: *Good To Go!* may increase your replenishment amount based on your average monthly usage. You will receive advance notification if your replenishment amount is scheduled for adjustment, however, you may decline this service when offered.

☐ Auto Draft: Please complete the Electronic Check (ACH) supplemental Authorization form. This form is available in your *Good To Go!* Pass package, online, or from the Customer Service Center.

☐ Credit/Branded Debit Card (with logo): (Select one) ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

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Expiration Date (mm/yy): _____

Name as it appears on your card: _____

Security Code: _____

(3 or 4 digit code on the back or front of the card)

☐ Option 2

Manual Replenishment requires you to monitor your account and make payment when your pre-paid balance falls below the Low Balance amount.

7. *Payment Method

To purchase selected Pass(es), Retail Item(s) and the Account Opening Pre-Paid Balance:

☐ To use the selected Credit/Branded Debit Card (with logo) payment method listed above

☐ To use a different Credit/Branded Debit Card (with logo) payment: (Select one)

| | | | | | | | | | | | | | | | | | | | |
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Expiration Date (mm/yy): _____

Security Code: _____

(3 or 4 digit code on the back or front of the card)

Name as it appears on your card: _____

☐ Cash (**Do Not Mail**) ☐ Check (sign and date) ☐ Money Order (Make Check or Money Order payable to: *Good To Go!*)

8. *Authorization

With this signature I agree to the following: (1) I authorize *Good To Go!* to charge the credit card and/or bank account listed above, for Passes and additional products, the specified Opening Account Balance, and/or Automatic Replenishments; (2) I agree to read the Terms and Conditions of this Agreement that I will receive with my *Good To Go!* Pass package. Terms and Conditions are also available online at www.wsdot.gov/goodtogo; (3) By using the *Good To Go!* Pass, I will be agreeing to the Terms and Conditions; and (4) I certify that all information contained in this application is true and accurate.

*Signature: _____

*Date: _____

Customer Service Centers

Seattle: University Center, 4554 9th Avenue NE Suite 100, Seattle, WA 98105
Bellevue: 13107 NE 20th St., Suites 3 & 4, Bellevue, WA 98005
Gig Harbor: 3212 50th St. Court NW, Suite 200, Gig Harbor, WA 98335

Online: www.wsdot.gov/goodtogo

Call

1-866-936-8246

Fax

206-547-0496

Mail To: *Good To Go!*

P.O. Box 300321

Seattle, WA 98103

DO NOT SEND CASH